

ATTORNEY DOCKET NO. A-8121
ELECTRONIC FILING

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Stalker)	Art Unit: 2186
)	
Application No. 10/712,655)	Examiner: Michael Alsip
)	
Filing Date: November 13, 2003)	Confirmation No.: 8962
)	
For: STATE-BASED MEMORY)	
UNLOADING)	

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number 05642

Sir:

Transmittal herewith is/are the following in the above-identified application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Response to Office Action | <input type="checkbox"/> Petition to For Extension of Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input checked="" type="checkbox"/> Other <u>RCE</u> |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	23	28		X \$50.00		\$
Independent Claims	3	3		X \$210.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$
<input checked="" type="checkbox"/> Request for Continued Examination				+ \$810.00		\$810.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>	\$
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$
TOTAL FEE DUE						\$810.00

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Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$810.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

/David A. Cornett/
David A. Cornett
Registration No. 48,417

Customer Number 05642